



TOWN OF LOS GATOS

COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING DIVISION
(408) 354-6881 or (408) 399-5711 FAX (408) 354-7593

CIVIC CENTER
110 E. MAIN STREET
P.O. Box 949
LOS GATOS, CA 95031

PERMIT APPLICATION FOR PLAN REVIEW, BUILDING PERMIT OR REROOF PERMIT

SITE ADDRESS _____ Suite _____ Today's Date _____

TYPE OF WORK TO BE DONE ☐ New ☐ Addition ☐ Alteration ☐ Repair ☐ Reroof ☐ Deck ☐ Pool/Spa ☐ Renewal

DETAILED DESCRIPTION OF WORK TO BE DONE _____

PROJECT AREA	New/Add Sq. Ft.	Alteration Sq. Ft.	Reroof/Pool/Spa/Deck SF	Retaining Wall LF
1 st Floor	_____	_____	_____	_____
2 nd Floor	_____	_____	_____	_____
Attic/Basement/Cellar/Porch	_____	_____	_____	_____
Attached/Detached Garage	_____	_____	_____	_____

CONSTRUCTION VALUATION: _____ Include costs of all labor and materials

IS BUILDING/ADDITION: Heated? ☐ Yes ☐ No Cooled? ☐ Yes ☐ No ☐ Pre 1941/Historic ☐ Fire Sprinkler System

Proposed Use of Building: _____ Construction Type _____ Occupancy Type _____

CONTACT NAME _____ Phone _____ Fax _____

Address _____ City _____ Zip _____

Property Owner Name _____ Phone (Required) _____

Address _____ City _____ Zip _____

Architect/Engineer/Designer _____ License # _____ Phone _____

Address _____ City _____ Zip _____

Contractor Name _____

State License No. _____ License Type _____ Expires _____ Town Business Lic. No. _____

Commercial Tenant _____ Phone _____

Address _____ City _____ Zip _____

CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (sec. 3097, Civ. C.).

Lender's Name _____ Lender's Address _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all town and county ordinances and state laws relating to building construction, and hereby authorize representatives of this Town to enter upon the property for inspection purposes.

Signature _____ Date _____

